



TABLE OF CONTENTS

INTRODUCTION.....	1
USE OF GUIDELINES.....	2 - 3
QUALITY ASSURANCE REVIEW	4 - 7
STEP 1 ASSESS AND TARGET THE POPULATION.....	8 - 10
STEP 2 ESTABLISH COMMUNITY CAPACITY AND INFRASTRUCTURE	11 - 14
STEP 3 DETERMINE STAFFING NEEDS AND TRAINING	15 - 17
STEP 4 SECURE EQUIPMENT AND SUPPLIES.....	18 - 22
STEP 5 DEVELOP POLICIES, PROCEDURES, AND DATA COLLECTION FORMS	23 - 24
STEP 6 SCHEDULE SCHOOLS/SITES	25 - 27
STEP 7 PREPARE SITES FOR IMPLEMENTATION.....	28 - 34
STEP 8 PROVIDE THE PREVENTION SERVICE.....	35 - 38
STEP 9 EVALUATE THE PROCESS AND OUTCOMES	39 - 40
REFERENCES	41
OTHER VALUABLE INFORMATION	



USE OF THESE GUIDELINES

These guidelines have recently been revised by the sealant workgroup of the Washington State Department of Health to assist local communities in the planning, implementation and evaluation of community based sealant programs. They have been adapted from the National model SEAL AMERICA . They contain Washington state specific WAC s and policies. This edition includes a newly developed quality assurance chart. This can be used by programs to assure that they have included necessary activities to operate a highly effective program.

This manual provides a step by step formula to developing quality programs. It leads the reader through the necessary components from assessing the community, to establishing an infrastructure to support the program, through the logistics of preparing to provide sealants at a community site, to the actual provision of sealants.

EACH STEP BUILDS ON THE PREVIOUS ONE.

EACH STEP HAS VALUABLE RESOURCES MENTIONED. WHEN THIS OCCURS, THE RESOURCE CAN BE FOUND IMMEDIATELY FOLLOWING THE STEP IN THE ORDER IT WAS DISCUSSED. LOOK FOR FOLLOWS THIS STEP IN THE TEXT.

A QUALITY ASSURANCE TOOL IS PART OF THESE GUIDELINES

A quality assurance tool is provided . As you proceed in the development of the program, use this tool as a checklist to make certain you have accomplished the necessary tasks. Experience has shown that cost effective, successful programs are well planned, include the necessary stakeholders, keep both eyes on quality and are always seeking to improve.

By the end of the planning process, each program should have developed a manual which includes agency specific policies, procedures, protocols and forms designed to meet individual program needs.

This manual is intended to provide concrete, useful information. Sealant programs have been operating in Washington State since 1986. Look for currently operating programs in Step 3. Experienced program managers are good resources for practical advice and are willing to help new programs in development.

Guidelines for Community Based Sealant Programs

SECTION	STEP REFERENCED	COMPLETED		COMMENTS
		YES	NO	
I. STRUCTURE				
A. Population/Community				
1. A written work plan available that defines community to be served.	1			
2. Populations are appropriately targeted.	1			
B. Infrastructure/Capacity				
1. Systems are in place to assure sustainability and community support.	2			
2. A community based advisory group is established.	2			
3. Funding is secured.	2			
C. Staff				
1. There is a program supervisor and an on-site coordinator.	3			
2. Staff wears appropriate identification on-site.	3			
3. Team consists of a provider with an assistant.	3			
4. Copy of professional license are on file	3			
5. Written personnel policies governing term of employment, working conditions, duties, benefits, and opportunities for training or advancement.	3			
6. Personnel guidelines, OSHA, WSHA, WACs followed	3			
7. Policy and procedure manuals developed and govern program operations	3			
8. Contracts with dental providers are available for review by State DOH.	3			
9. Staff is train and training is documented				
D. Equipment/Supplies/Facilities				
1. One fully functioning dental unit is available.	4			
2. Equipment is properly maintained and is in good repair.	4			
3. Sterilization space is isolated from clean area.	4			
4. Appropriate supplies are available and sterile condition maintained.	4			
5. Backup equipment and replacement parts are available.	4			
6. Facilities are appropriate for procedures.	8			
E. Sterilization, Disinfection and Exposure Control				
1. Written policies and procedures for OSHA/WISHA infection and exposure control are available on site.	4			

SECTION	STEP REFERENCED	COMPLETED		COMMENTS
		YES	NO	
F. Medical Emergency and Hazard Preparedness				
1. All staff have current certification in CPR with documentation on file	3			
2. Emergency kits are available.	7			
3. Emergency routine at portable operatory is established.	7			
4. Written policies and procedures for hazards such as fire, chemical and noise are available.	7			
G. Forms/Data/Documentation				
1. Patient records are immediately available for use. When not in use records are kept in a secure area.	5			
2. Patient records include patient demographics.	5			
3. Other pertinent forms are attached to the patient record.	5			
4. Consent forms are complete, have parent/guardian signatures and are available in all appropriate languages.	5			
5. A medical history is obtained on all patients.	5			
6. Sealant records are complete and signed/dated by the examiner and provider. Other necessary comments are completed.	5			
7. Referral forms are available and used appropriately	5			
8. Using interviews, surveys, group discussions or other methods, information about the sealant program is obtained from schools, communities, parents, students, staff or other participants in the sealant program.	5			
9. Data is available on program costs and patient billing.	5			
10. Data is collected according to the State DOH contract "Sealant Data Summary" form.	5			

SECTION	STEP REFERENCED	MET		COMMENTS
		YES	NO	
II. PROCESS				
A. Defining Population/Community				
1. "Community Risk Index" is determined by the following parameters:				
a) Access to dental care	1			
b) Caries experience rate	1			
c) Level of community support and commitment	1			
2. School selection is determined by the following parameters:				
a) Free/Reduced Lunch percentage is greater than 30%	1			
b) High rate of homeless, ESL or DD students	1			
c) Ability of students to access dental care				
3. Child selections is determined by the following parameters:				
a) Second Grade priority (6-8 year olds)	1			
b) Positive consent obtained from parent or caregiver	1			
c) Screened by licensed dentist	1			
4. Tooth selection is determined by the following parameters:				
a) First permanent molars	1			
b) Pit and Fissure evaluation	1			
c) Levels of caries activity	1			
B. Infrastructure/Capacity				
1. Evidence of advisory group activity.	2			
2. Services are billed appropriately.	2			
3. Billing records are available.	2			
4. Medicaid is billed fee for services or for Administrative Match.				
C. Staff Training				
1. Staff is trained in equipment operation and maintenance and safety.	3			
2. Staff is trained in sealant placement & evaluation	3			
3. Staff trained is provided in policies, procedures, protocols.	3			
4. Staff is trained in the use of all program forms.	3			
5. Staff training is documented.	3			
6. Contractors comply with training requirements as quality assurance mechanism.	3			

SECTION	STEP REFERENCED	MET		COMMENTS
		YES	NO	
D. Sterilization, disinfection and exposure control				
1. Instruments are appropriately sterilized	4			
2. All sterilizing areas are properly vented.	4			
3. Technique and effectiveness of sterilization are tested according to WISHA	4			
4. Sterilized instruments are stored in the sterilizing bags.	4			
5. Disposable instruments and supplies are used whenever possible.	4			
6. All surfaces are wiped with a suitable disinfectant.	4			
7. Disposable covers are used for handles, switches, headrests and trays.	4			
8. Contaminated disposed materials are sterilized when possible and discarded in special sealed plastic bags.	4			
9. Disposable items are brought back to the Health Department or appropriate facility for disposal and are not placed in the community general trash.	4			
10. Hands are washed thoroughly before and after treatment or approved hand-cleaning agents are used when water is not available.	4			
11. Gloves, masks and eye protection are worn. Gloves are disposed of after each patient.	4			
12. High velocity evacuation is used.	4			
13. Infection and exposure control policies along with MSD data sheets are available on site.	4			
E. Medical emergency and hazard preparedness				
1. Accident and injury report forms along with appropriate phone numbers are in available.	7			
2. Staff is familiar with emergency routine and where emergency supplies are kept.	7			
3. Fire	7			
a) Fire extinguishers, inspected yearly for operability, are conspicuously located and accessible	7			
b) All hazardous chemicals are appropriately labeled and stored				
c) Smoke and fire alarm systems are operational.	7			
d) A fire escape plan is posted in a prominent area.	7			
e) Portable fire extinguishers are in all vehicles.	7			
4. Chemicals	7			
a) All hazardous chemicals are appropriately labeled and stored	7			

SECTION	STEP REFERENCED	MET		COMMENTS
		YES	NO	
b) Staff are trained in knowledge of chemical hazards, avoidance of problems and emergency procedures in the event of injurious exposure. All hazardous chemicals are appropriately labeled and stored	7			
5. Noise	7			
a) Appropriate precautions are taken to reduce noise levels	7			
6. Earthquake.	7			
a) Earthquake preparedness kits are in all vehicles.	7			
F. Forms/Data/Documentation				
1. Internal documentation reviewed yearly and recorded.	9			
a) Performance and documentation of medical/dental history	9			
i) A preliminary information base is developed for all patients, is up to date and covers areas listed in Step 6.	5			
ii) A medical history is obtained on all patients. This medical history is up to date and includes the following areas:	5			
a) All questions are answered.	5			
b) Possible compromising conditions are followed up and documented.	5			
c) Charts of patients with compromising conditions are flagged with a medical alert sign.	5			
d) Histories are dated and signed by a responsible adult.	5			
e) All histories are reviewed and signed by the provider.	5			
b) Performance and documentation of the patient examination	5			
i) Oral health assessments are conducted using the Smile Survey format.	5			
ii) All findings are recorded and dated.	5			
c) Diagnosis				
i) Diagnosis for sealant placement conforms to Washington State Sealant Guidelines.	1			
ii) Oral health status and treatment needs of each student screened are reported to parent or caregiver.	7			
iii) Diagnosis is documented in a clearly identified portion on the patient record.	7			

SECTION	STEP REFERENCED	MET		COMMENTS
		YES	NO	
d) Treatment planning	7			
i) A treatment plan based on the diagnosis is clearly written on the patient record.	7			
ii) Any field service beyond oral health assessments has informed consent.	7			
2. State sealant summary data submitted as required by contract.	5			
G. Sealant Placement	8			
1. Sealant placement is done using a four-handed approach.	8			
2. Curing lights function at adequate levels and are checked by radiometer at regular intervals.	8			
3. Sealant retention rates are 90% or higher.	8			
4. Sealant material used is tracked	8			

SECTION	STEP REFERENCED	MET		COMMENTS
		YES	NO	
III. Program Evaluation				
A. Process Measures				
1. Oral health assessments indicate that schools targeted for sealant programs have high-risk populations.	9			
2. The number of 6 - 8 year olds receiving sealants matches or exceeds the estimated measure reported on the Sealant Data Summary form.	9			
3. Sealant retention rate is 90% or higher.	9			
4. Documentation evaluation complies with expected rates.	9			
5. Other indicators as dictated by specific program needs are documented and reviewed yearly.	9			
B. Access and Satisfaction				
1. Qualitative data is collected and analyzed to measure school/community satisfaction with services.	9			
2. Data regarding untreated disease and treatment referrals are shared with the community.	9			
C. Utilization				
1. Data reported according to State DOH "Sealant Data Summary" form.	9			
2. Other indicators as dictated by specific program needs are documented and reviewed yearly.	9			